

1 / 2

## 48 HOURS NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

Mary Bono Mack Committee

ADDRESS (number and street)

PO Box 3370

CITY, STATE, and ZIP CODE

Palm Springs

CA

922633370

2. NAME OF CANDIDATE

Mary Bono Mack

3. OFFICE SOUGHT (State and District)

House

CA

45

Any information copied from such Reports and Statements may not to be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

4. FEC IDENTIFICATION NUMBER  
C00332890

SIGNATURE(Optional)

William T. Powers

DATE

10/27/2008

For further information contact:

Federal Election Commission  
999 E Street, NW, Washington, DC 20463  
Toll Free 800-424-9530, Local 202-694-1100

**FEC FORM 6**

(Revised 1/2001)

**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

(continuation page)

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

**Name of Individual, Organization, or Corporation**

Mary Bono Mack Committee

<b>Full Name, Address, and ZIP Code</b> California Portland Cement Co. PAC  2025 E Financial Way  Glendora CA 91741-4692	Name of Employer	Date (month, day, year) 10/25/2008	Amount Received this Period 5000.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> Gregory Renker  41 550 Eclectic Street #200 Palm Desert CA 92260	Name of Employer Authy-Renker	Date (month, day, year) 10/25/2008	Amount Received this Period 2300.00
	Occupation Owner		
<b>Full Name, Address, and ZIP Code</b> National Emergency Medicine (NEM PAC)  P.O. Box 619911  Dallas TX 75261-9911	Name of Employer	Date (month, day, year) 10/27/2008	Amount Received this Period 1500.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> Joan Foster  PO Box 4563  Palm Desert CA 92261-4563	Name of Employer	Date (month, day, year) 10/27/2008	Amount Received this Period 1500.00
	Occupation		
<b>Full Name, Address, and ZIP Code</b> John Foster  PO Box 4563  Palm Desert CA 92261-4563	Name of Employer	Date (month, day, year) 10/27/2008	Amount Received this Period 1500.00
	Occupation		

**TOTAL THIS PERIOD (last page only)****11800.00**